MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		/		
4		①		/		
5	/		/			
6	/		/			
7		/		i		
8		/		i		
9		2		/		
10		①		i		
11		①		i		
12		①		i		
13		①		i		
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TOTAL IND.	8	⇩	8	⇩		⇩
TOTAL DEP.		⇦	12	⇦		⇦
TOTAL CLAIMS			20			

	* IND.	DEP.	* IND.	DEP.	* IND.	DEP.
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TOTAL IND.		⇩		⇩		⇩
TOTAL DEP.		⇦		⇦		⇦
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS